STATE OF MARYLAND

DHMH

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# May 27, 2010

# Public Health & Emergency Preparedness Bulletin: # 2010:20
# Reporting for the week ending 05/22/10 (MMWR Week #20)

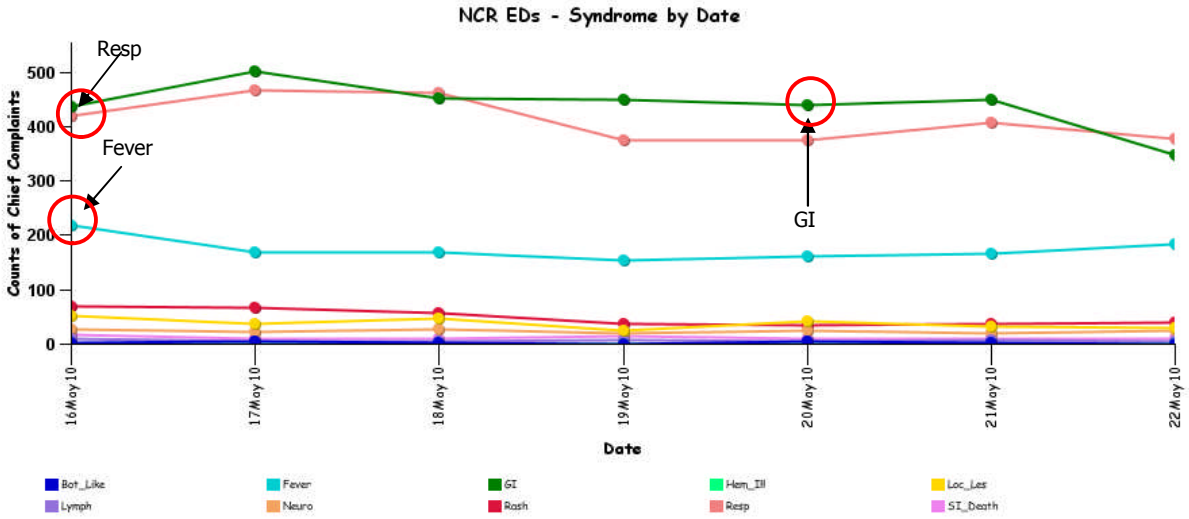
**CURRENT HOMELAND SECURITY THREAT LEVELS**

**National:** **Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)**
**Maryland:** **Yellow (ELEVATED)**

**SYNDROMIC SURVEILLANCE REPORTS**

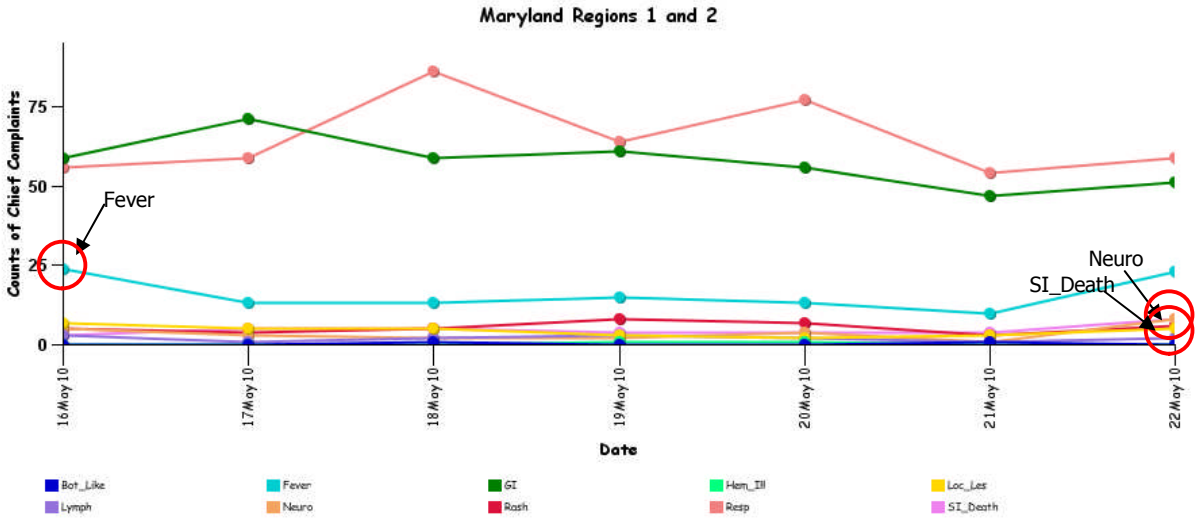
**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

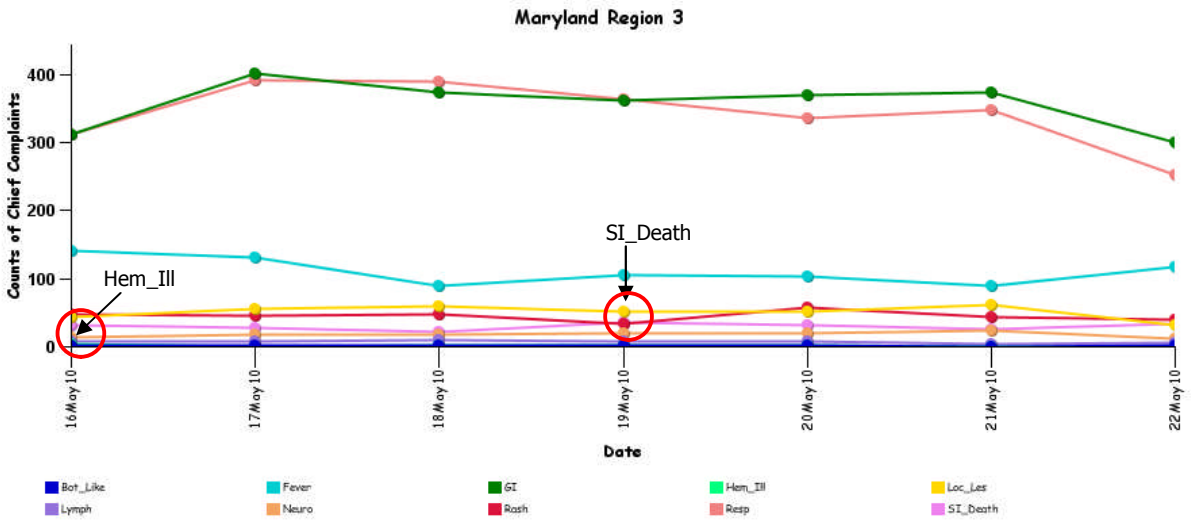



* Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

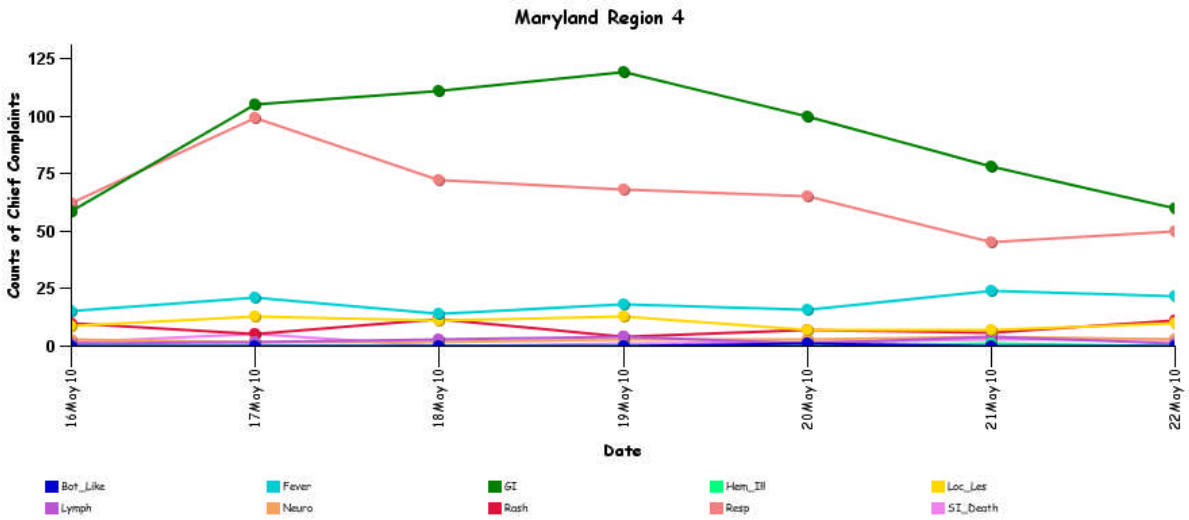
**MARYLAND ESSENCE:**



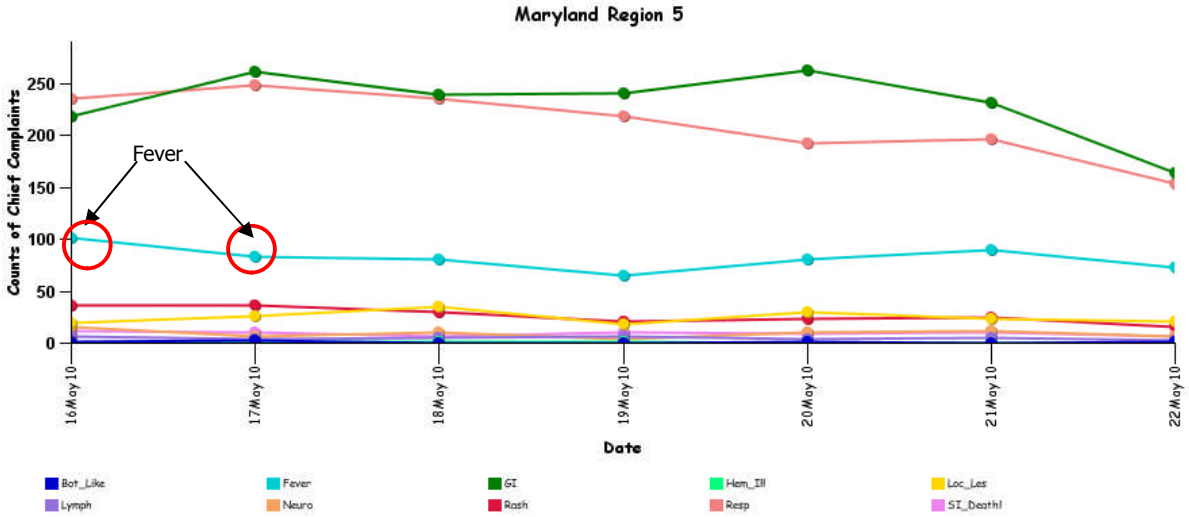

* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE




* Region 3 includes EDs in Anne Arundel, Baltimore city, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE

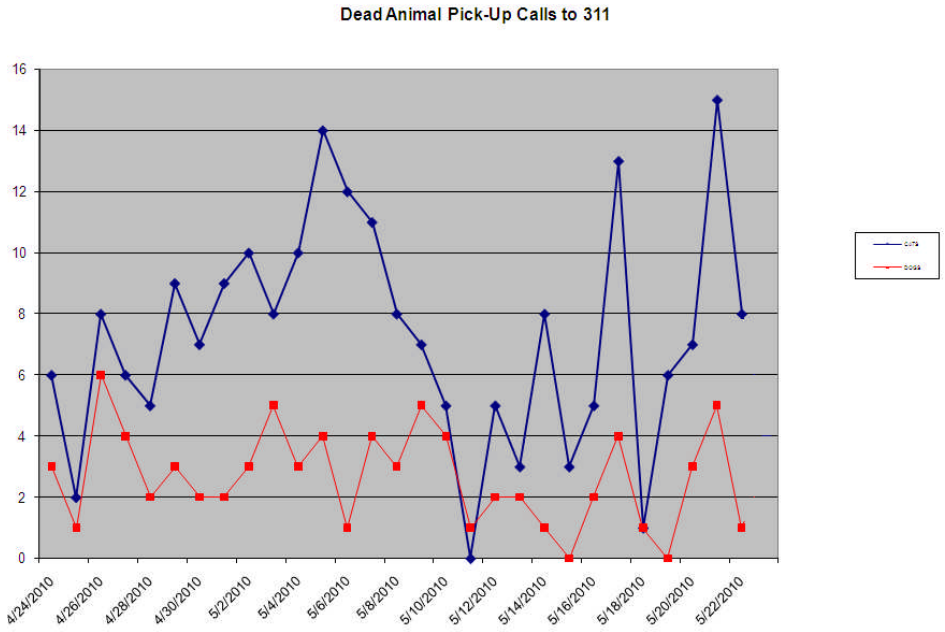



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



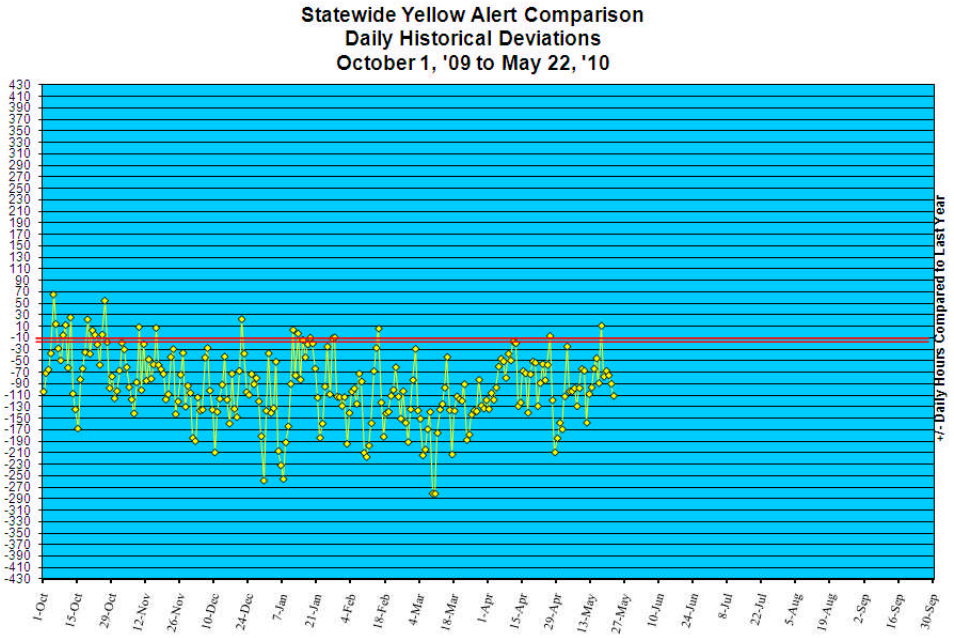

* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.




**REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/09.



**REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to an emerging public health threat for the week.

**MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in April 2010 did not identify any cases of possible public health threats.

**REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

**COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

| **Meningitis:** | **Aseptic** | **Meningococcal** |
|---|---|---|
| New cases (May 16 - May 22, 2010): | 09 | 0 |
| Prior week (May 9 - May 15, 2010): | 11 | 0 |
| Week#20, 2009 (May 16- May 23, 2009): | 07 | 0 |

**12 outbreaks were reported to DHMH during MMWR Week 20 (May 16-22, 2010)**

**1 Gastroenteritis outbreak**
1 outbreak of GASTROENTERITIS in a Nursing Home

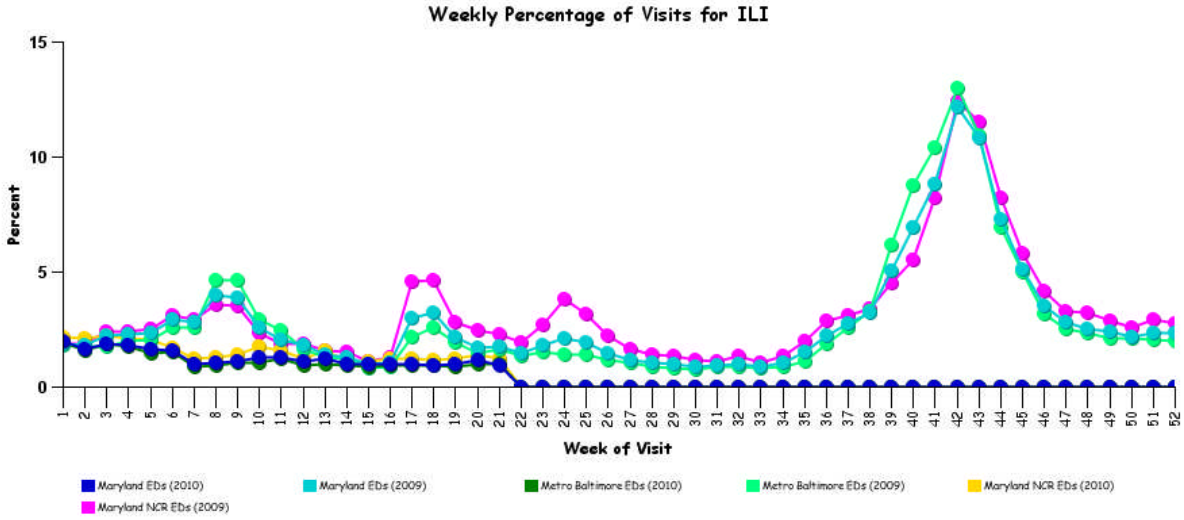
**1 Foodborne outbreak**
1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Restaurant

**10 Respiratory illness outbreaks**
1 outbreak of PNEUMONIA in a Workplace
9 outbreaks of ILI in Schools, Reported late, Outbreaks occurred 10/09

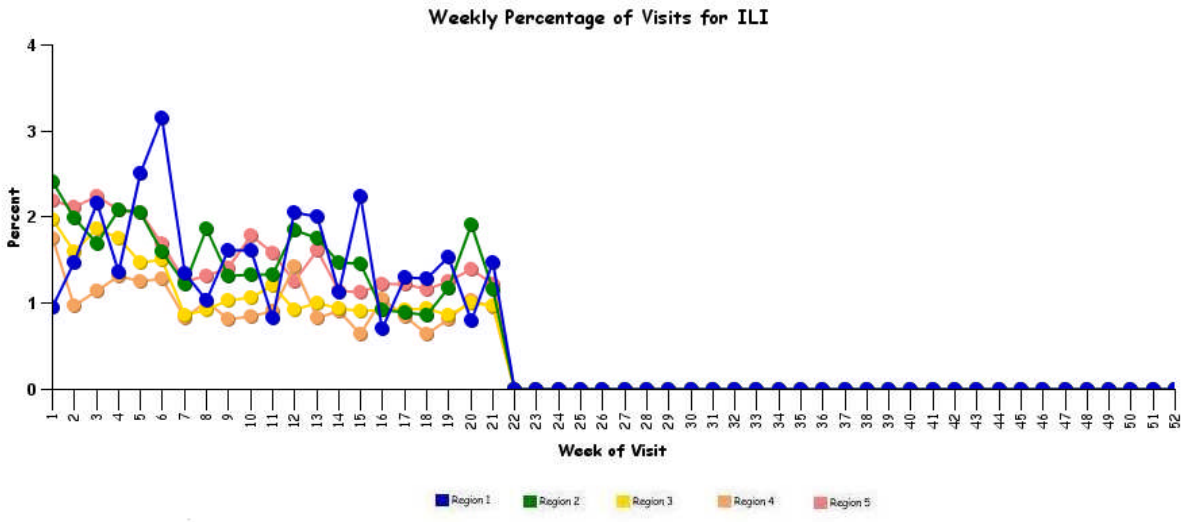
**SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS**

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the
week.



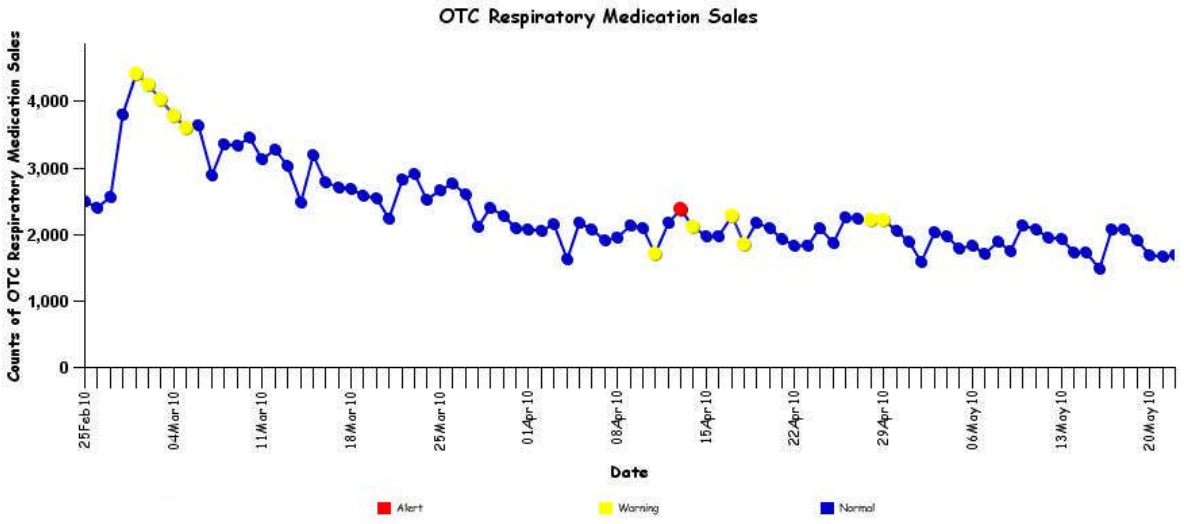

* Includes 2009 and 2010 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total




*Includes 2010 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

**OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:**

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



**PANDEMIC INFLUENZA UPDATE:**

**WHO Pandemic Influenza Phase:** Phase 6: Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way. Definition of Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

**US Pandemic Influenza Stage:** Stage 0: New domestic animal outbreak in at-risk country

**More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: http://bioterrorism.dhmh.state.md.us/Documents/Plans/PandemicInfluenzaResponseAnnex(Version7.3).pdf

**AVIAN INFLUENZA-RELATED REPORTS:**

**WHO update:** As of May 06, 2010, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 498, of which 294 have been fatal. Thus, the case fatality rate for human H5N1 is about 59%.

**AVIAN INFLUENZA, (PALESTINIAN AUTHORITY, WEST BANK):** 19 May 2010, Animal cases of avian flu in Bal'a village in the Tulkarm area of the West Bank, northeast of Tel Aviv, have been confirmed, and some 250 000 chickens culled according to officials. Bal'a is a major egg and poultry-producing area and part of its produce is smuggled into Israel due to higher prices there, according to Israeli Agriculture Ministry officials. "We are always on the lookout for poultry and eggs smuggled into Israel from the Palestinian Authority [PA] but now we are tightening supervision at the PA-Israel crossings," the spokesperson's unit at the Israeli Health Ministry told IRIN. Israeli veterinary services assisted the PA by transferring the drugs needed for the culling, said Shalom Simchon, Israel's minister of agriculture, and he called on international organizations to compensate Palestinian farmers for their huge losses. PA forces surrounded Bal'a to prevent smuggling of poultry during the culling. Cases of avian flu were also confirmed in Kibbutz Ein Gedi in Israel, on the Dead Sea shore, on 7 May [2010] in a zoo; all birds were culled and the Israeli Agriculture Ministry is closely monitoring the area. Under international law, Israel is obliged to cease exports of poultry and poultry products for one month following the discovery of avian flu. Animal avian flu cases have been discovered 3 times in Israel since 2006. In all cases birds were culled and no human casualties reported.

**AVIAN INFLUENZA, LPAI, H7, POULTRY (NETHERLANDS):** 16 May 2010, Low pathogenic avian influenza [LPAI] has been detected in a poultry farm with some 28 000 chickens, in Deurne. This mild version hardly makes birds sick and is not dangerous to humans. It is a variant of H7 and not the H5N1 strain, mainly prevalent in Asia, which is dangerous to humans. To be on the safe side, the infected holding will be culled today [Sun 16 May 2010] and precautionary measures undertaken within a zone of about 3 km around the infected farm. Any transport of poultry and live birds, hatching and table eggs, litter and manure is prohibited from, to and within the zone. All poultry should be kept indoors. The transport of mammals (including cattle, pigs, sheep, goats and horses) is banned as long as such animals originate from poultry-keeping holdings or are intended for entering such holdings. Fairs, markets, exhibitions and other gatherings of poultry or other captive birds are prohibited within the zone. Visitors' entrance into commercial poultry plants is restricted. By commercial companies, the visiting rules are in force. There are 20 other poultry farms within the said zone. These farms will be screened during the coming days. In addition, premises which may have had contact during the recent period with the infected farm will be investigated.

**H1N1 INFLUENZA (Swine Flu):**

**INFLUENZA PANDEMIC, WORLD HEALTH ORGANISATION UPDATE (H1N1):** 22 May 2010, As of Sun 16 May 2010, worldwide more than 214 countries and overseas territories or communities have reported laboratory confirmed cases of pandemic influenza H1N1 2009, including more than 18 097 deaths. The World Health Organization (WHO) is actively monitoring the progress of the pandemic through frequent consultations with the WHO Regional Offices and Member States and through monitoring of multiple sources of information.

The current situation is largely unchanged since the last update. The most active areas of pandemic influenza virus transmission currently are in parts of the Caribbean and Southeast Asia. In the temperate zone of the northern and southern hemisphere, overall pandemic influenza activity remains low to sporadic. In central Africa, there has been increased transmission of seasonal influenza type B viruses, accounting for 85 percent of all influenza isolates in the region. Influenza B also continues to be detected at low levels across parts of Asia and Europe, and has now been reported in Central America.

In the tropical region of the Americas, the most active areas of pandemic influenza virus transmission continue to be in parts of the Caribbean. In Cuba, a 2nd period of active community transmission of pandemic influenza virus began during late February 2010, peaked during late April 2010, and has been declining since; this 2nd period of transmission, although associated with severe and fatal cases, appears to be less intense overall than the 1st period of transmission which occurred during late September to late November 2009. In contrast, in the Dominican Republic, low to moderate intensity of respiratory diseases activity has been

primarily associated with co-circulation of respiratory viruses other than influenza; only sporadic detections of seasonal influenza viruses have been reported.

Low levels of pandemic influenza viruses have been circulating across parts of Central America and tropical areas of South America, for example, in Mexico since December 2009, in Colombia and Brazil since early 2010, and in Guatemala since early April 2010. Nicaragua and Honduras have also been recently reporting geographically regional spread of influenza viruses; however, the relative proportions of seasonal influenza, pandemic influenza, and other respiratory virus detections are not known. In contrast, in Panama, low levels of respiratory disease over the past 3 months have been primarily associated with circulating respiratory viruses other than influenza. Of note, Bolivia experienced a recent period of low but sustained transmission of seasonal influenza type B viruses between late February and early May 2010. There continues to be evidence from several countries in this region that there is ongoing co-circulation of influenza with other respiratory viruses (including respiratory syncytial virus (RSV), and adenovirus).

In Asia, the most active areas of pandemic influenza virus transmission are in parts of South and Southeast Asia, particularly in Bangladesh, Malaysia, and Singapore. In Malaysia, limited data suggests that a 2nd period of active pandemic influenza virus transmission has been occurring since early April 2010, but overall activity may have recently stabilized and does not appear to exceed pandemic influenza activity seen during an earlier period of transmission lasting from July until early September 2009. In Singapore, levels of ARI have remained elevated since mid April 2010; during the most recent reporting week, levels of ARI exceeded the epidemic threshold and the proportion of patients with ILI testing positive for pandemic influenza virus infection was 39 percent.

In Bangladesh increased co-circulation of pandemic influenza and seasonal influenza type B viruses has been detected since mid April 2010 but now appears to have stabilized. Low level circulation of pandemic influenza continues to persist in Thailand and in the western and southern parts of India; sporadic detection of pandemic influenza continue to be reported in Cambodia and in the Philippines. In East Asia, only sporadic detections of pandemic influenza virus are being reported; seasonal influenza type B viruses have been predominant in this region, however circulation appears to be declining in China and the Republic of Korea.

In the temperate regions of the northern and southern hemisphere, overall pandemic influenza activity remains low to sporadic. In Australia and New Zealand, slight increases in ILI [influenza-like illness] activity were reported; however, in Australia, these increases have been attributed primarily to circulating respiratory viruses other than influenza. In the southern temperate regions of the Americas, only sporadic detections of influenza viruses have been reported, except in Chile, which continues to report localized areas of increased ILI activity (in the Los Lagos area) associated with co-circulation of pandemic influenza and other respiratory viruses.

In Europe, very low to sporadic levels of pandemic and seasonal influenza type B viruses continue to be detected. Seasonal influenza type B virus persists mainly in parts of eastern and northern Europe. Georgia reported an increase in the number of respiratory disease consultations due to influenza-like-illness, mainly in children (under age 5) and school-age children (5-14 years old age group); whether this increase is associated with pandemic influenza A (H1N1) virus is not yet known.

In Sub-Saharan Africa, limited data from several countries suggest that active transmission of pandemic influenza virus in West Africa has now largely subsided. In Ghana, 6 percent of respiratory samples tested positive for pandemic influenza virus during the most recent reporting week. Across the rest of region, the pandemic influenza virus continues to be detected sporadically or at low levels, most recently in Angola and Rwanda. Sporadic detections of seasonal influenza H3N2 and influenza B viruses have been reported in western, central Africa and to a lesser extent southern Africa.

**Resources:**
http://www.cdc.gov/h1n1flu/

http://www.dhmh.maryland.gov/swineflu/

**NATIONAL DISEASE REPORTS**

**SALMONELLOSIS, SEROTYPE NEWPORT, SPROUTS (USA):** 22 May, 2010, Oregon Public Health officials say alfalfa sprouts from California are causing a salmonellosis outbreak in several states including Oregon. The cause of the outbreak has been traced to sprouts produced by Caldwell Fresh Foods of Maywood, CA, sold under several label names in Oregon. So far, 23 people from 10 states, including a Multnomah (OR) infant, have been infected with _Salmonella_, and 4 of them including the baby, have been hospitalized. No deaths have been reported. In Oregon, sprouts were sold at Wal-Mart, Trader Joe's and other locations, including restaurants and delis. Caldwell is recalling the affected sprouts. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

**ANTHRAX, BOVINE (NORTH DAKOTA):** 20 May 2010, Livestock producers should get their animals vaccinated for anthrax now, especially if they are in areas with a history of the disease, North Dakota State University Extension Service veterinarian Charlie Stoltenow advises. A case of anthrax has occurred in south-central North Dakota's Sioux County. While the disease mainly has been reported in northeastern, southeastern and south-central North Dakota, it has been found in almost every part of the state, according to state animal health officials. This is the 1st time a confirmed case of anthrax has been found in Sioux County in several years, state veterinarian Susan Keller says. Anthrax vaccine is effective, but it takes about a week to establish immunity, and it must be administered annually because immunity appears to wane after about 6 months, Stoltenow says. He recommends producers

check with their veterinarian to make sure their livestock's vaccination schedule is adequate and the vaccination is up to date. Livestock in areas where anthrax has been found should be vaccinated about 4 weeks before the disease usually appears. Herds within 6 miles of a prior case of anthrax also should be vaccinated, especially in years with wet spring weather and/or flooding. If anthrax is detected in a herd, producers should move the herd immediately to a new pasture away from where dead animals were found to prevent other animals from getting infected, Stoltenow says. During severe outbreak conditions, animals that haven't been vaccinated and are exposed to anthrax may have to be treated with antibiotics and then vaccinated. Producers considering treating with antibiotics should contact their veterinarian because antibiotics decrease the effectiveness of the vaccine, Stoltenow says. Anthrax is a concern because spores of the bacteria that cause it can survive in the soil for decades. Cases of the disease develop in the region almost every year. However, favorable conditions, such as heavy rainfall, flooding or drought, may make it more widespread. Producers should monitor their herds for unexpected deaths and report them to their veterinarian, Stoltenow says. Because anthrax also is a risk to humans, people should not move a carcass. The carcasses of animals that died from anthrax should be disposed of, preferably through burning, as close as possible to where they died. Any contaminated soil should be piled on top of the carcasses for burning, Stoltenow says. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

**BOTULISM, EQUINE (TENNESSEE):** 19 May 2010, Many in the area have experienced tough times recently, and Spirit Horse Stables is no exception. In fact, the business has gone through the worst tragedy in its history. The Spring Hill riding stables lost 4 of its horses to a rare form of botulism poisoning last week [week of 10 May 2010] and another 6 are hospitalized. The often-lethal botulism is the result of bacteria in decaying matter. The horses can be infected through a cut or by ingesting even a small amount of the toxin. Although the cause of the Spirit Horse infections hasn't been determined at this point, Haines believes the bacteria grew in wet hay the horses ate, perhaps due to the recent floods. The property drained well but still got very wet. [The owners] had never had an animal come down with the illness since the stable's founding. "The bacteria grow in areas where it doesn't dry out and where there is a great amount of protection from the air," said DeWayne Perry, the county's agriculture extension officer [that is, its growth is anaerobic.] In the past, cases have been documented where a horse had gnawed on a hunk of feed that was compacted in the bottom of a feeding trough or where a tightly rolled bale of hay hid a festering contaminant such as a dead snake or rabbit. The horses at the stables which didn't make it include Kat's Meow, a paint pony who started as a rescue case; Chica, a quarter horse mare who was good for beginning riders; Minx, the stable's best show pony; and Ever, a gelding pony who used to follow his little girl owner around "like a little puppy dog," Haines said. A vaccine is available for the illness, but it's fairly rare so vets often don't recommend it for a regular course of inoculations, except for at-risk horses. The other 11 horses that remain at the Spirit Horse Stables have all just recently received the vaccine. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

**E. COLI VTEC NON-O157, O145, LETTUCE (USA):** 17 May 2010, Local and state public health officials in Michigan, New York, Ohio, and Tennessee are investigating human illnesses caused by _E. coli O145. CDC is supporting these investigations and facilitating regular communication and information sharing between the states and with the Food and Drug Administration (FDA). As of 11 May 2010, a total of 23 confirmed and 7 probable cases related to this outbreak have been reported from 4 states since 1 Mar 2010. The number of ill persons identified in each state with this strain is: MI (10 confirmed and 3 probable), NY (4 confirmed and 3 probable), OH (8 confirmed and 1 probable), and TN (1 confirmed). Among the confirmed and probable cases with reported dates available, illnesses began between 10 Apr 2010 and 26 Apr 2010. Infected individuals range in age from 13 years old to 31 years old and the median age is 19 years. 66 percent of patients are male. Among the 30 patients with available information, 12 (40 percent) were hospitalized. 3 patients have developed a type of kidney failure known as hemolytic-uremic syndrome, or HUS. No deaths have been reported. The bacteria responsible for this outbreak are referred to as Shiga toxin-producing _E. coli_, or STEC. STECs have been associated with human illness, including bloody diarrhea and HUS. STEC bacteria are grouped by serogroups (e.g., O157 or O145). The STEC serogroup found most commonly in USA patients is O157. Other serogroups in the STEC group, including O145, are sometimes called "non-O157 STECs." Currently, there are limited public health surveillance data on the occurrence of non-O157 STECs, including O145; therefore, it may go unreported. Because it is more difficult to identify than _E. coli_ O157, many clinical laboratories do not test for non-O157 STEC infection. Investigators are using pulsed-field gel electrophoresis (PFGE), a type of DNA fingerprint analysis of _E. coli_ bacteria obtained through diagnostic testing to identify cases of illness that might be part of this outbreak. This testing is done in public health laboratories as part of the PulseNet network. This investigation is ongoing. At this time, local, state, and federal health officials are involved in many different types of investigative activities. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

**SALMONELLOSIS, UNPASTEURIZED MILK (UTAH):** 17 May 2010, Public health and agriculture officials are investigating 6 cases of salmonellosis they believe were caused by drinking unpasteurized milk. Milk samples are being tested for the bacteria at the state's public health lab, with results due next week, said Lance Madigan, spokesman for the Utah County Health Department. "It's a known issue that unpasteurized milk will carry a lot of different things, including _Campylobacter_, _E. coli_, and _Salmonella_," he said. "We're investigating other possibilities but that's the suspicion at the moment." The sick range in age from a toddler to a 56-year-old, Madigan said. Madigan doesn't believe anyone was hospitalized. 4 live in Utah County and the other 2 are in Salt Lake County and Wasatch County. The milk was bought in Orem and Heber at Real Foods Market, said Madigan. The stores stopped selling the milk last Friday [30 Apr 2010]. Health officials haven't detected other cases since then. "It does appear to be contained," he said. The milk is from Real Foods' farm, Redmond Heritage Farms, in Sevier County. Farm manager Brandon Foote noted the milk is tested monthly to ensure it is just as clean as milk that has been heated to kill bacteria. "We're just working very cooperatively with the state to see if we can find anything," he said. The Real Foods Market website includes a release form for customers who want to buy raw milk, acknowledging the risk of a food-borne illness. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

**INTERNATIONAL DISEASE REPORTS**

**UNDIAGNOSED HEMORRHAGIC FEVER (IRAQ):** 20 May 2010, The MoH [has issued an order] to prevent movement of cattle coming from Ninawa [Ninevah] governorate to Dohuk [Dahuk governorate] and has imposed strict [controls] at entry points to prevent cattle smuggling and the transport of meat and dairy produce from Mosul because of the spread of [infection] in that city. The MoH earlier announced that lab tests on 2 [fatal] cases and 4 suspected cases [indicated that the outbreak was the result of infection by [a] hemorrhagic fever [virus], and that the spread of [infection] was a consequence of consumption of [contaminated] meat sold by street traders. The MoH has instituted an awareness campaign in this regard. [Veterinary officials] in Dohuk within the next few days will implement a campaign in the area [around] Ninawa to sterilize animals and cattle by showering anti intrusions [that is, carry out tick disinfestation measures] and vaccinating cattle. Also, there will be mobile teams from MoH to ensure compliance. They have asked people to cooperate with them in the face of this contagion and to follow health instructions to prevent this disease from spreading. Symptoms of viral hemorrhagic fever include fever, tiredness, inappetence, sickness, sweating, flushing, and in severe cases might include internal or external bleeding. Children may possibly have spasms or go into a coma ending in death. This pandemic disease previously [occurred] in Erbil and Dohuk in the years 1994-1996 killing one person who was working as a veteran assistant in Erbil; there were other infected cases. (Viral Hemorrhagic Fever is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

**CRIMEAN-CONGO HEMORRHAGIC FEVER (RUSSIA):** 19 May 2010, The 4th case of Crimean-Congo hemorrhagic fever (CCHF) has been diagnosed in the Stavropol Krai this year [2010]. The cases were from the Ipatovskiy, Trtunovskiy and Shpakovskiy regions. All contracted the infection during contacts with farm animals. 1341 people have sought medical attention after tick bites in the Stavropol Krai this epidemic season, and 59 of them were hospitalized. (Viral Hemorrhagic Fever is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

**LASSA FEVER (NIGERIA):** 19 May 2010, A fresh outbreak of Lassa fever has killed 17 people and left dozens infected in northern Nigeria's Kebbi State in the past month, a health official said on Tuesday [18 May 2010]. "We have so far lost 17 people to the Lassa fever outbreak, which started about 4 weeks ago," state chief epidemiologist Shehu Mohammed told AFP [Agence France-Press]. Lassa fever is an endemic acute viral hemorrhagic illness common in west Africa, which is usually contracted through contact with rodents' excreta. "Scores of people have been confirmed to have been infected with the disease," said Mohammed in a phone interview. He said the outbreak was recorded in 3 local districts, including the state capital Birnin-Kebbi, the worst hit with 9 recorded deaths. Mohammed said the World Health Organisation has roped in medical experts from South Africa, Netherlands and Nigeria's commercial centre Lagos to help tackle the outbreak. The disease, which causes fever, headache, difficulty in swallowing and can lead to infection of vital organs and death, is named after the town of Lassa in northern Nigeria's Borno State where it was 1st identified in 1969. It occurs mainly in Guinea, Liberia, Nigeria and in Sierra Leone, where it claims roughly 200 lives each year. (Viral Hemorrhagic Fever is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

**ANTHRAX, HUMAN, (COLOMBIA):** 17 May 2010, Health authorities of the department of La Guajira in northern Colombia have banned the consumption of goat meat after news of a case of anthrax in an indigenous girl who had ingested the meat. Claudia Meza, secretary of health for La Guajira, noted that goat meat is an essential part of the diet of the indigenous Wayuu people who inhabit the Guajira Peninsula [in northern Colombia and northwestern Venezuela.] "We have information that the meat from animals which died from disease is being sold; what we want is to [stop] the transmission, in case what we are seeing is gastrointestinal anthrax, which is a more serious illness and prone to more complications," Meza said. According to the official, the disease has killed several goats and apparently the girl ate contaminated meat. She is recovering in a hospital in the city of Riohacha, the departmental capital of La Guajira. Meza indicated that other possible cases of infection are being investigated. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

**OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

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**NOTE**: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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